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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
All Blockfield	00/17/0001	Grant Simonds	029685-015

09/932,667

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CONFIRMATION NO. 5106

1

Date Mailed: 05/17/2002

NOTICE REGARDING POWER OF ATTORNEY

This is in response to the Power of Attorney filed 05/03/2002.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

77 GA VNOR

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Date Mailed: 05/17/2002

NOTICE REGARDING POWER OF ATTORNEY

This is in response to the Power of Attorney filed 05/03/2002.

• The Power of Attorney to you in this application has been revoked by the applicant. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

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